MARYLAND DEPARTMENT OF HUMAN SERVICES **311 West Saratoga Street** **Baltimore MD 21201**	**Family Investment Administration** **ACTION TRANSMITTAL**
Control Number: # 18-06 Revised	**Effective Date: November 30, 2017** **Issuance Date: December 1, 2017**

TO: **DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES**
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
ELIGIBILITY DETERMINATION DIVISION STAFF

FROM: **NICHOLETTE SMITH-BLIGEN, EXECUTIVE DIRECTOR, DHS/FIA** N. Smith-Bligen
DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES Debbie Ruppert

RE: **ASSET AND PROPERTY VERIFICATION PROCEDURES**

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF OPERATIONS

SUMMARY:
This action transmittal has been updated to clarify the allowable timeframe for requesting assistance in obtaining verifications of financial and real property assets to support Long-Term Care (LTC) Medical Assistance applications and redeterminations. The instructions in this Action Transmittal relate to applications and redeterminations received by the Department of Human Services (DHS) and Waiver cases handled by the Eligibility Determination Division (EDD). Two specific procedures are covered in this action transmittal: 1) online asset verification through the Public Consulting Group (PCG) Assets and Property Verification System (AVS) to provide a valuable check on applicant/recipient assets, and 2) procedures to follow when an applicant or authorized representative seeks DHS help in obtaining verifications for a Long-Term Care Medical Assistance application or redetermination. This Action Transmittal replaces AT 18-06.

Several appendices are attached, and they are described later in this document.

ASSET VERIFICATION SYSTEM:

The AVS must be used for new applications and redeterminations during the eligibility determination process. Case Managers must continue to review the information received back from the AVS in order to prevent agency-caused or customer-caused inaccuracies.

AVS is an electronic, automated asset verification system that will not only identify assets, but will also reduce the financial and time burdens that applicants and recipients incur in obtaining documents, reduce the days to determine eligibility and increase worker productivity through the

introduction of automation into the eligibility determination process.

An AVS inquiry will not be submitted via the automated process until a LTC application or redetermination is received and signed by the applicant, spouse (if applicable), recipient or authorized representative. All new applications and initiated redeterminations will be submitted through a batch file from DHS Central to the AVS for verification of assets.

The LTC application contains a Declaration that signifies that the applicant, spouse, recipient, or authorized representative affirms under penalty of perjury that all information provided on the application is true, correct and complete. The Declaration also acknowledges and authorizes the State to verify and investigate the information provided on the application.

PROVIDING ASSISTANCE IN GATHERING VERIFICATIONS:

Effective October 1, 2017, House Bill 752 requires the Maryland Department of Human Services (DHS) to assist customers and their authorized representatives with obtaining the financial documents from fiduciary institutions that are needed for an eligibility decision on a Long-Term Care (LTC) Medical Assistance application or redetermination case when, through no fault of their own, customers or their authorized representatives have been unable to obtain the financial information.

DHS will also assist applicants and authorized representatives with obtaining other required verifications to include, but not limited to death and marriage certificates, stocks, bonds, life insurance policies and other information when the applicant or authorized representative requests our assistance.

ACTION REQUIRED:

Case Manager Responsibilities:

Contact the Applicant or Authorized Representative
Review every application and redetermination received within 24 hours of receipt to ensure it contains proper signature(s) that will allow AVS to match with asset information. Although by law, anyone can sign and submit an LTC application or redetermination on behalf of a nursing home resident to establish and preserve the application date, the law also requires a signature from the applicant and the spouse, or the authorized representative. If a LTC application is filed online in myDHR and is ***not*** signed by the applicant or recipient, spouse or the authorized representative, the Case Manager **must immediately (within one business day)** call the applicant, spouse or authorized representative to inform them of the signature requirement and send a copy of the application with a 1052 to request the required signature(s), Consent Form(s), and any supporting documentation as applicable.

As mandated in Action Transmittal 17-5, Case Managers must contact the applicant, recipient, spouse or authorized representative by telephone to review the information provided on the application to answer any questions they may have. A new requirement is to explain the following during the call:

- How most of the financial and real property information should be verified through our new electronic system, AVS;

- If any additional information is needed, the applicant, recipient, spouse or authorized representative will receive by mail a written request for the specific information needed;
    - The applicant, spouse or authorized representative can request assistance from DHS at any time throughout the consideration period if, through no fault of their own, they are unable to obtain certain documentation for the current pending application or redetermination. The written request must include:
        - The signed and completed **Consent for Release of Information** Form to allow DHS to request the information from the particular institution, **and**
        - Documentation of the action and efforts taken by the applicant, spouse or authorized representative to obtain the information. (To expedite the request, ask if there is an email address to which the blank consent Form can be emailed.)
    - The Case Manager will complete and submit the electronic **Request for Assistance to Obtain Information** to the Bureau of Disability Services Operations (BDSO) via the Google Drive. See **Appendix B** for complete instructions and an image of the Google Doc.
    - Some examples of acceptable documentation of the applicant's, spouse's or authorized representative's efforts include but are not limited to:
        - Letters written by the applicant, spouse or authorized representative to the specific institution,
        - Response letter from the specific institution that information will not be provided to the individual that has requested the information,
        - A written affidavit by the applicant, spouse or authorized representative of how they tried to obtain the documentation from a specific institution, and the institution would not provide the documentation nor would the institution put in writing the receipt of the request.

There may be other sources of acceptable documentation.

- If the Case Manager is not able to reach the customer, leave a voicemail for the customer to call back and continue to process the application.
- If the customer has fixed allowable expenses that are paid each month, encourage the applicant, recipient, spouse and authorized representative to submit proof of this (for example, copies of cancelled checks).
- Review all submitted documents and proofs received in conjunction with AVS Reports before processing eligibility.

With the launch of myDHR for Long-Term Care applications in January 2017, many of our LTC applications are submitted electronically. Applicants are still allowed to submit paper applications. Whether the application is filed online or on paper, the Case Manager is required to enter all information from the paper application, including the community spouse's information, into myDHR as well as CARES within 24 - 48 hours of the application's date-stamp.

Whether the application is filed in myDHR or by paper, there are additional steps listed below that must be taken in CARES to allow the head of household and spousal asset information to be retrieved through AVS.

Follow New CARES Procedures

From the AMEN Menu in CARES the Case Manager must:

1. Complete Option J - Screening - Enter all of the applicant's information. In order for the community spouse's assets to be retrieved through AVS, the new procedure requires the Case Manager to J-screen the community spouse as a household member. Enter into CARES all information provided for the community spouse.
2. Complete Option O - Interview - If the applicant, spouse or authorized representative has not electronically signed the myDHR application or the paper application, **code the applicant on the STAT with an "NM" for Non-Member** temporarily in order to delay the AVS match until the signature is received. The Case Manager must set a 745 alert to update the STAT screen when the applicant's, spouse's or authorized representative's signature is obtained to allow the customer's information to be retrieved and included in the batch file request to AVS.
3. For applications signed by either the applicant, spouse or the authorized representative, code the applicant on the STAT screen as "PN" for pending and **code the community spouse with an "NM" for Non-Member**. (This will allow the spousal information to be retrieved and included in the batch file request to AVS.)
4. **Make sure to enter the Authorized Representative information on the AREP screen to ensure they will receive all notices issued.**

Case Managers should follow all existing system and policy processing procedures for an application or redetermination, including these general procedures:

- Review the application or redetermination for completion of all sections.
- Perform all required clearances (including MMIS, CARES, MABS, SVES, SAVE).
- Log into AVS daily and check the specific Case Manager queue for responses received on pending applications and redeterminations.
- Review the AVS information that is returned.
    - If the asset information indicates a single customer is overscale, enter the asset information into CARES, suppress the CARES notice and send a manual notice 4235.
    - The AVS does not perform the resource evaluation for spousal impoverishment. Therefore, the Case Manager will still need to complete the spousal impoverishment resource calculation manually. If the case is overscale when the manual evaluation is completed, enter the asset information into CARES, suppress the CARES notice and send the manual notice. If the case is not overscale, continue to process the case accordingly.
    - When information is reported by AVS on property and the case is being denied overscale **solely for property verification returned by AVS,** the Case Manager will enter the property information in CARES, allow the case denial immediately, suppress the CARES notice, and send the manual notice that appears as **Appendix A.** If the case is not overscale, continue to process the case accordingly.
    - Case Managers will be able to see significant fluctuations in month - to - month balances; however, the AVS Portal is not able to list where assets were transferred to.
    - If AVS indicates a Transfer Flag as part of the Summary and Detail Report, the Case Manager must send a 1052 Form (Request for Information) to verify the reason for the transfer. If a Transfer Flag is not indicated, the Case Manager may not need to request additional information to clarify the difference in the monthly account balances. Only fluctuations of more than $5,000 will be flagged. However, if there are fluctuations showing for several months, this could indicate a transfer for less than Fair Market Value (FMV), and the Case Manager may need to request additional information.

- Because AVS cannot share the name of the individual(s) to whom the property was sold, it may be necessary for the Case Manager to request additional information regarding the property on the Request for Information Form 1052. (Ex. When property is sold for less than FMV.)
- To upload the AVS information into ECMS, take a screen shot of the AVS screen and paste the information into a Word document. Save it as a PDF file so it can be uploaded into ECMS. Index the AVS information in the **Info to Verify Eligibility** folder in ECMS.
- The signed and completed DES 2005 Consent for Release of Information Form is still valid. To the extent that law and policy allows, it continues to authorize most information to be released to the Long-Term Care facility.

- If a financial institution account is closed at the time of the AVS batch query, the information returned from AVS will be limited to the months the account was active during the look-back period. This is sufficient proof that the account is closed and no additional information is needed about the closed account.
- If a financial institution reported on the application is not known to AVS and information is not returned through the AVS match, ask the LTC Supervisor to request an "ad hoc" query through AVS. This procedure will take up to 15 days to process through AVS.
  - If AVS does not verify all of the assets on the application, or if other information is still needed, complete a Request for Information Form 1052 and mail to the applicant, recipient and authorized representative as soon as the AVS information is received but no later than 24-48 hours after the receipt of the AVS report.
  - Mail a courtesy copy of the 1052 to the Nursing Facility's business office.
  - A 1052 Form is still required for requesting resource verifications for the types of accounts that are not in the AVS network (Example-Stocks, Bonds, Rental Properties, Timeshares, Limited Liability Companies (LLC) and Brokerage Agencies) as well as other verifications, such as life insurance policies.
  - A 1052 Form may still be required for the following situations:
    - to obtain financial verification on lesser known institutions that cannot be obtained and verified via AVS;
    - to obtain additional financial verification if there are significant fluctuations in the first of month balances received; and,
    - to clarify any information received from AVS that was not reported or disclosed on the application or redetermination.
- Continue to perform the calculations for the cash value, if any, for life insurance policies to determine how much is counted.
- Continue to code the Long-Term Care Management Tool within myDHR on the 15th day and the last day of the month if the application cannot be approved or denied by the 30th day.
- Check ECMS mailbox daily for receipt of any information requested.
- Determine if Good Faith and Reasonable Certainty can be applied to the case. Remember, an eligibility decision may be possible based on the documents provided to date and a written declaration by the applicant, recipient, spouse or authorized representative of the reason(s) the information has not been verified. If the applicant, recipient, spouse or authorized representative requests assistance in obtaining information, follow the procedures in
- Appendix B.
- Send the Continuation Notice no later than the 30th day for any application in which requested

verification information has not been received by the 27th day.
- The 4th and 5th month notices must still be sent on cases that remain pending during the six-month consideration period if requested verifications are still missing.
- Process the application as soon as possible within the applicable time limits.

INQUIRIES:
Please direct Medical Assistance policy questions to the Maryland Department of Health (MDH), Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

APPENDICES

APPENDIX A, Denial Notice: If the application is denied solely on information received for real property via AVS, Case Managers must send a specialized Denial Notice that includes information regarding the Fair Credit Reporting Act (FCRA). The specialized Denial Notice will be available as a fillable Form, emailed to Case Managers separately from this Action Transmittal. Note: Continue to use the existing notice for all other denial reasons.

APPENDIX B, Standard Operating Procedures for Assisting in the Collection of Verifications: For customers who have tried unsuccessfully to obtain verifications and request assistance from DHS, Case Managers need to request assistance from the Bureau of Disability Services Operations for contacting and retrieving the information from external organizations.

APPENDIX C, Consent for Release of Information: When an applicant, spouse or authorized representative seeks DHS assistance in obtaining verification, this Form must be completed and signed by the applicant, spouse or authorized representative to be sent to verifying organizations.

APPENDIX A

MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF INELIGIBILITY DUE TO EXCESS RESOURCES FOR REAL PROPERTY

Date:_____

Re:_____ ___ ENTER CURRENT MONTH__
Applicant/Recipient Name Month
_____ ___ ENTER RETRO MONTH(S)__
Client ID# Month

This is to notify you that based on the application filed on_[DATE OF APPLICATION_ , the above named person has been determined ineligible for Medical Assistance based solely on information obtained from a consumer reporting agency.

The resources exceed the Medical Assistance standard of $_____. The amount of excess resources is $_____. When the excess resources have been used for necessary personal or health care needs, you may reapply. When you reapply, you will be required to verify how the resources have been used. Keep all receipts for this purpose.

The following resources have been considered:

Real Property Address	**Amount**
_____	$_____
_____	$_____
_____	$_____

For the purpose of evaluating your eligibility for benefits, the Agency obtained property ownership information from the consumer reporting agency listed below. You have a right under the Fair Credit Reporting Act to dispute or correct the property ownership information provided by this consumer reporting agency. You also have the right to obtain a free copy of the consumer report used by the Agency, if requested within 60 days.

Public Consulting Group, Inc.
Attn: FCRA Dispute
148 State Street, 10th Floor
Boston, MA 02109

Email: fcra_dispute@pcgus.com
Phone: 617-717-1273

This decision is based on the Code of Maryland Annotated Regulations, COMAR 10.09.24.10. If you do not agree with this decision, you have the right to request a fair hearing. The procedures for requesting a fair hearing are on the back of this letter. You also have the right to reapply.

_____
Case Manager

_____
Telephone Number

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the Case Manager on the telephone number on the other side of this notice to ask for a conference.

Request a hearing by:

- Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
- Visiting your local Department of Social Services or the Bureau of Long-Term Care and requesting a hearing; or
  Mailing or giving a request for a hearing in writing to your local department office; or
- At this address:

  MDH Docketing – Unit A
  Office of Administrative Hearings
  11101 Gilroy Road
  Hunt Valley, Maryland 21031-1301

If you don't want to fill out the Form to request the hearing:

- Come to your Local Department of Social Services or the Bureau of Long-Term Care office. We will help you.
- Call your Case Manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than 90 days after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than 10 days after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bona fide belief that the department's decision was in error.

APPENDIX B

Standard Operating Procedures for Assisting in the Collection of Verifications

Effective October 1, 2017, State law requires DHS to assist applicants with obtaining financial records that are necessary to determine Long-Term Care Medical Assistance eligibility. DHS will also assist applicants and recipients with obtaining other required verifications, when requested, such as death and marriage certificates, stocks, bonds and other information.

The Family Investment Administration's Bureau of Disability Services Operations (BDSO) will assist LDSS and BLTC Case Managers with the task of contacting the verifying organization, obtaining the information needed, paying for the information (if applicable) and uploading the verification to ECMS.

Action Required by Case Managers in the Bureau of Long-Term Care and Local Departments of Social Services:

- Determine that the applicant has attempted to obtain the verification without success.
- Ensure there is a signed **Consent for Release of Information** Form (See Appendix C.)
  Submit a request to BDSO by completing the automated **Request for Assistance with Obtaining Information** Form (as shown on the pages 12-14) and provide the following information:
    - o Case manager's name, email address and telephone number
    - o District Office name and number
    - o Customer's name and Client Identification number
    - o Name of the institution where the verification is located
    - o Address where the requested verification is located
    - o Policy or account number
    - o Dates of coverage (if applicable)
- Check ECMS daily for the receipt of information from the BDSO.
- Take the appropriate action to process the case when the information requested is received.

Action Required by the Bureau of Disability Services Operations:

- Enter on the Google tracking sheet the name of the Case Manager who is requesting the financial records and the date the request is received.
- Request the financial records from the Institution and narrate the date the information was requested in CARES.
- Advise the Institution to email the requested information to the dedicated email at **DHS.LTC@maryland.gov.**
- Enter the date the financial records are received from the Institution in CARES and on the Google tracking log.
- Retrieve the financial institution's response from the dedicated email daily.
- Scan the verification in ECMS to the Case Manager's queue, indexing it to the folder named **Information to Verify Eligibility**.

Upon receipt of an invoice from the institution, BDSO will submit the invoice to FIA's Office of Administration within 6 days. Below is an image of the Google Doc:

Request for Assistance with Obtaining Information

* Required

Caseworker's Information

Please enter your information below.

DO# *

Case Manager's Name (First and Last) *

Case Manager's E-Mail Address *

Case Manager's Phone Number *

Supervisor's Name (First and Last)

Supervisor's E-mail Address *

Supervisor's Phone Number

Customer's Information

Please enter the customer's information

Customer ID *

Customer's First Name *

Customer's Last Name *

Institution's Information

Please enter the Institution's information

Institution's Name

Institution's Address (Street address city, state zip code

Branch's Location

Institution's Phone Number

Document Request Information

Please select the type of documentation and enter the requested time period below.

Documentation Requested (Please select)

*If other, please specify

Account Number

Please select the State the request is being made from

*If other, please specify below

Time Period Requested (Beginning) Date:

Time Period Requested (Ending) Date:

If more than one time period is requested, please enter the dates below.

Comments (optional)

Do you have another document request for the same customer? (If you select yes, you will be sent to another document section request Form. If you select no, you will be directed to the submission screen.) *

APPENDIX C

Consent for Release of Information
Department of Human Services
Maryland Long-Term Care Medical Assistance Program

I, **PRINT Customer's name here** hereby authorize the Department of Human Services to verify my income, including but not limited to, Social Security, Supplemental Security Income, Veterans Benefits, private pensions, Long-Term Care Insurance, disability insurance, earned income, etc.; my resources, including but not limited to, checking and savings accounts, certificates of deposit, individual retirement accounts, stocks, bonds, etc.; real property and any other personal property of value; mortgage information on real property; life insurance face and cash value; expenses to determine appropriate allowances; and, any other documentation relevant to my eligibility for participation in programs administered by the Department of Human Services.

I also authorize any person, partnership, corporation, association, or governmental agency possessing information on such matters to release such information to the Department of Human Services. I certify that I have read the above statement and understand that this gives my permission for release of such information.

Name of Institution _____

Address of Institution _____

Account Number _____

To be completed by Applicant/ Authorized Representative

Applicant's Social Security Number __ __ __- __ __ - __ __ __ Date of Birth __ __/__ __/__ __

_____
Printed Name of Applicant or Authorized Representative

_____
Signature of Applicant or Authorized Representative

To be completed by Spouse

Social Security Number __ __ __-__ __- __ __ __ __ Date of Birth __ __/__ __/__ __

_____ _____
Printed Name of Spouse Spouse's Signature